PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 09/87/3 45 AS 163/04-2/4006													4006											
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OR	OTHER THAN												
TO	TAL CLAIMS		15					RATE		FEE		RATE	FEE											
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC	ΈĘ	355.00	OR	BASIC FEE	710.00											
10	TAL CHARGEA	BLE CLAIMS	152 minus 20=		. 0			X\$ 9=			OR	X\$18=												
IND	EPENDENT CL	AIMS	3 minus 3 =					X40=			OR	X80=												
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135=				.070												
* If the difference in column 1 is less than zero, enter *0" in column 2									-		OR	+270=	7/0											
CLAIMS AS AMENDED - PART II								TOTA	٠ ا		OR	OTHER	7/0											
(Column 1) (Column 2) (Column 3)								SMAI	T E	NTITY	OR	SMALL												
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVH PAID	BEA	PRESENT . EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE											
	Total	. 27	Minus	2	0	. 7		X\$ 9	.		OR	X\$18=	126.0											
	Independent	. 5	Minus	***	3	= 2.		X40=			OR	X84=	172.00											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135	. 1		OR	+270=												
								TOT	Æ.		OR	TOTAL												
(Column 1) (Column 2) (Column 3)									ŒĹ		JU11	ADDIT. FEE!												
AMENDMENT B		CLAIMS REMAINING AFTER AMENOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE											
	Total	•	Minus	••		*		X\$ 9:	٠		OR	X\$18=												
	Independent	•	Minus	•••		-		X40=	T		OR	X80=												
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIM		'	+135=	T		OR	+270=												
							Į	TOT.	-1		00	TOTAL ADDIT, FEE												
		(Column 1)		(Colu	mn 2)	(Column 3)	_	ADDIT. F	. -			ADON: Y CE												
AMENOMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST IBER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE											
	Total	•	Minus	••	-,	=		X\$ 9=			OR	X\$18=												
	Independent	•	Minus	•••		-		X40=	7		OFI	X80=												
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						,	,40E	+			+270=												
	If the entry in colu	mn 1 is less than 1	he entry in colu	ma 2, writ	e TO in col	umn 3.	۱.	+135	1		OR	TOTAL												
••	III ma Philippant Mr.	mbar Dravi melu S	Paid For IN TH	IS SPACE	is less the	n 3. enter "3."				ropriate box	_	"If the entry in column 1 is less than the entry in column 2, write "o" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, anter "20." ADDIT. FEE												

FORM PTO-475 (Rev. 8/00) Patent and Tredemark Office, U.S. DEPARTMENT OF COMMERCE
"U.S. GPO: 2000 450, margotta

Application or Docket Number